

IN THE UNITED

) Group Art Unit: 1731

COVER LETTER REGARDING SUBMISSION OF SUPPLEMENTAL APPLICATION DATA SHEET

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

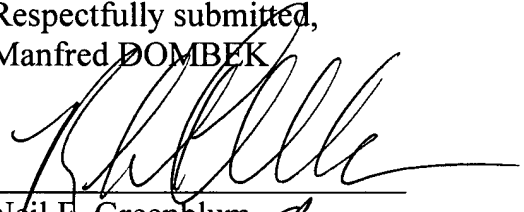
In accordance with 37 C.F.R. 1.76(c)(2), Applicant submits herewith a Supplemental Application Data Sheet [hereinafter “SADS”] in which only the information to be changed is identified, i.e., the priority application number. However, to assist Patent and Trademark Office personnel and to ensure that this SADS is associated with the appropriate file, the following fields are also completed: Application number and filing date; the Attorney docket number; and the Customer number.

Applicant notes that the SADS attached hereto correctly identifies the priority application number as **03 010 268.5**, which appears to be unclear on the Declaration and Power of Attorney (but was clearly identified on the certified copy of the priority document).

Accordingly, Applicant requests entry of the attached SADS to ensure that the identified information is accurately printed on the face of the printed patent.

If there are any questions with regard to this submission, the Examiner is requested to contact the undersigned at the telephone number listed below.

Respectfully submitted,
Manfred DOMBEK



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July 9, 2004
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Supplemental Application Data Sheet

Application Information

Application Number:: 10/820,705
Filing Date:: April 9, 2004
Application Type:: Utility
Subject Matter::
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:
Number of CD disks::
Number of copies of Cds::
Sequence submission?:
Computer Readable Form (CRF)?:
Number of copies of CRF::
Title:: FILTER TIPPING MACHINE WITH DOUBLE TIPPING PAPER FEED
Attorney Docket Number:: P24923
Request for Early Publication?:
Request for Non-Publication?:
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:
Petition included?:
Petition type::
Secrecy Order in Parent Appl.?:

Applicant Information

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority Type::

Primary Citizenship Country::

Status::

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of Residence::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 7055

Representative Information

Representative Customer Number:	7055
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Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
			as in: MM/DD/YY

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
Europe	03 010 268.5	May 7, 2003	Yes

Assignee Information

Assignee Name::